

Jim Doyle
Governor

Roberta Gassman
Secretary

Frances Huntley-Cooper
Division Administrator



State of Wisconsin
Department of Workforce Development

WORKER'S COMPENSATION

201 East Washington Avenue
P.O. Box 7901
Madison, WI 53707-7901
Telephone: (608) 266-1340
Imaging Server Fax: (608) 260-2503
Fax: (608) 267-0394
<http://www.dwd.state.wi.us/wc/>
e-mail: dwddwc@dwd.state.wi.us

October 6, 2003

TEST INSURER 1
C/O TEST INSURER 1
ONE MAIN ST
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/98
EMPLOYEE: SIMPLE, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO: 094CBD6S8646

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

According to our records, you suspended or terminated worker's compensation payments without proper notice to the Department and the employee.

If you stop payments for any reason other than an employee's return to work, you must explain why to the Department, with a copy to the employee, within 7 days. You must also advise the employee what to do to reinstate payments. If you are denying liability for payment of any compensation, your explanation must also advise the employee of the right to a hearing before the Department. Finally, please send us copies of any report or other information which supports your decision to suspend or terminate payments.

Failure to submit the required explanation to the Department within 30 days, with a copy to the employee, may result in a \$100 forfeiture under s. 102.35(1), Wis. Stats.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

WKC-75A (R. 05/2002)

Copy sent to:
CLAIMANT
999 WC WAY
MADISON WI 53707